

# APPLICATION FOR EMPLOYMENT

## SUPREME COURT, SUPREME COURT DEPARTMENTS, COURT OF APPEALS, AND OFFICE OF THE ADMINISTRATOR FOR THE COURTS

Position(s) Applying For					Application Date	
Last Name		First Name		Middle Name		
Address		Street		City		State Zip Code
Telephone Number(s)						
Home:			Work:			
E-mail Address:						

How Did You Learn About The Position?	
<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Web Page _____            Other: _____

Have you been convicted of an offense, other than minor traffic violations, during the past seven years that would adversely affect your employment with the court system? **(PLEASE NOTE: DRUNK, RECKLESS OR HIT-RUN DRIVING ARE NOT MINOR OFFENSES.)**    ☐ YES    ☐ NO If YES, explain:

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HIGH SCHOOL GRADUATION OR GED <input type="checkbox"/> YES <input type="checkbox"/> NO											
	COLLEGE/UNIVERSITY				POST GRADUATE				OTHER		
SCHOOL NAME/LOCATION											
YEARS COMPLETED	1	2	3	4	1	2	3	4			
YEAR OF GRADUATION											
DESCRIBE COURSE OF STUDY AND DEGREE EARNED											
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, ETC.											

**DESCRIBE ANY HONORS  
YOU HAVE RECEIVED**

**EMPLOYMENT HISTORY**  
(START WITH PRESENT/LAST POSITION)

[illegible]

EMPLOYER	ADDRESS/CITY/STATE	
JOB TITLE	SUPERVISOR	TELEPHONE NUMBER(S)
DATES EMPLOYED	SALARY	DO WE HAVE YOUR PERMISSION TO CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO
TOTAL MONTHS EMPLOYED	REASON FOR LEAVING	

[illegible]

## EMPLOYMENT HISTORY

[illegible]

EMPLOYER	ADDRESS/CITY/STATE	
JOB TITLE	SUPERVISOR	TELEPHONE NUMBER(S)
DATES EMPLOYED	SALARY	DO WE HAVE YOUR PERMISSION TO CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO
TOTAL MONTHS EMPLOYED	REASON FOR LEAVING	

[illegible]

PROFESSIONAL ORGANIZATIONS - You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

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GIVE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE PROFESSIONAL REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

1. 

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2. 

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3. 

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**I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY MISREPRESENTATION OR FALSIFICATION, MY APPLICATION COULD BE REJECTED AND, IF EMPLOYED, MY EMPLOYMENT TERMINATED.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **RELEASE OF INFORMATION**

I hereby give the Washington State Judicial Branch the right to investigate my past employment, education and activities. I release from all liability all persons, companies and corporations who supply such information. I indemnify the Washington State Judicial Branch against any liability that might result from such an investigation. I understand that any omission of facts, misrepresentation of statements or implications I might make in this application or in any other required document shall be considered sufficient cause to deny employment, or for discharge if already employed.

I also understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between the Washington State Judicial Branch and me for employment or for any benefit. I have received no promises regarding employment and I understand that no such promise or guarantee is binding on the Washington State Judicial Branch unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Washington State Judicial Branch has a similar right.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IF YOU ARE HIRED, PROOF OF IDENTITY AND PROOF OF CITIZENSHIP, PERMANENT RESIDENT STATUS OR EMPLOYMENT AUTHORIZATION, AND SOCIAL SECURITY NUMBER WILL BE REQUIRED AS A CONDITION OF EMPLOYMENT. DOCUMENTS THAT SATISFY THIS REQUIREMENT MAY INCLUDE ONE OR MORE OF THE FOLLOWING: SOCIAL SECURITY CARD, PASSPORT, ALIEN REGISTRATION CARD (WITH PHOTO), CERTIFICATE OF U.S. CITIZENSHIP OR NATURALIZATION, BIRTH CERTIFICATE, OR VALID DRIVER S LICENSE (WITH PHOTO).**

## VOLUNTARY EMPLOYEE PROFILE

NAME	DATE
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

PERSON OF DISABILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO    If YES: <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SENSORY
BRIEFLY DESCRIBE THE NATURE AND EXTENT OF YOUR DISABILITY _____
_____
_____

VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO    VIETNAM ERA VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO    DISABLED VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO    PERCENT DISABLED: ____%
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<b>RACE/ETHNIC ORIGIN:</b>
<input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN/PACIFIC ISLANDER
<input type="checkbox"/> OTHER _____